



Part of Truro & Penwith College

**Penwith College**  
**St Claire Street**  
**Penzance**  
**Cornwall**  
**TR18 2SA**

**Tel: 01736 335000**  
**Fax: 01736 335100**

<b>For Office Use:</b>
Date Received:
Acknowledgement:
Student ID:
PTL:
Interviewer:

**Director of Penwith College: Martin Tucker**

**APPLICATION FOR FULL-TIME COURSE**

This form is to be used **ONLY** by applicants under the age of 19  
**Please PRINT all replies**

**1**

First Names:	Surname:	M/F*	Date of Birth:
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Home Address (including Postcode):
Home Tel No (including STD code):
Mobile Phone No:
Email:

Secondary School/College attended up to age 16 <b>OR</b> most recent School/College attended: (if different from above)
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Emergency Contact/s Name:
Relationship to student:
Tel:
Mobile:
Email:

Country of Residence:
Nationality:
Have you lived in the UK for the last three years? YES/NO*

**2** I wish to apply for the following course(s):-

A Levels	List subjects:
Extended Level 3 Diploma/Level 2	Name course:
Other Vocational course	Name course:
Entry Level	List subjects:

**3** Please set out below any examinations for which you are entered at school and give information about planned achievement on your course (**i.e. predicted grades**). Or, alternatively, if you have already taken examinations please list your results.

Subject & level eg: <b>GCSE Eng Lang</b> <b>1<sup>st</sup> Diploma IT</b>												
Predicted grade												
Grades achieved (if applicable)												

**4 HEALTH** Do you have any health problems that might affect your education for which special arrangements need to be made? Please give brief details:

.....  
.....

**5 LEARNING NEEDS** Do you require extra help with:-

English	YES / NO*	Spelling/Dyslexia	YES / NO*
Maths	YES / NO*	Study Skills	YES / NO*
Other Areas	YES / NO*	Please specify: .....	

**6 INTERESTS** Please give as much information as you can about your personal interests and responsibilities e.g. music, sport.

**7 WORK EXPERIENCE/PART-TIME WORK** Please give information about any experience of employment that you have:

.....

**8 EMPLOYMENT** What sort of employment do you think you may eventually enter?

.....

**9 HIGHER EDUCATION**

Do you expect/hope to go onto Higher Education? YES / NO\*

Which area of study might you choose? .....

**10 TRAINING SCHEMES** Are you making/likely to make an application for a Training Scheme? Please give details:

.....

**11** Have you applied for a Course at another School or College? YES / NO\*

If yes, where?.....

**12** Optional supporting statement from Parent, Guardian, School .....

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I give permission for the College to get in touch with me about my application, enrolment or progress using any of the contact details I have provided. I understand that the College is obliged to share my personal data with some organisations in accordance with the relevant fair processing notice. I give my permission for my information to be used in my personal best interests by college personnel and other professionals directly involved in processing my application. If my course is funded or sponsored by an employer, I give permission for the College to share and discuss my application with my employer. If I am aged 18 years or younger on the day I sign this form, I accept that the College may discuss my application and share my personal information with my parent(s), carer(s) or previous school. I agree to comply by the College Code of Conduct.

Signature of Applicant ..... Date .....

**After completion this form should be returned to Sarah Reynolds at the address overleaf.**

\* Delete as applicable